

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

Serial No.
Applicant

FILING DATE

10/6/52257

12/15/5

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | 16 | ↓ | ↓ | ↓ | |
| TOTAL DEP. | | 38 | ← | ← | ← | |
| TOTAL CLAIMS | | 54 | | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | 16 | ↓ | ↓ | ↓ | |
| TOTAL DEP. | | 38 | ← | ← | ← | |
| TOTAL CLAIMS | | 54 | | | | |